

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33392**  
Registrar's No. **7949**

FILED SEP 16 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7949</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Pagedale</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2277 1/2 317 Belvue</b>			
3. NAME OF DECEASED (Type or Print) <b>FRANK</b>		a. (First)		b. (Middle) <b>DAVIDSON</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 23, 1957</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Apr. 17, 1890</b>		9. AGE (In years last birthday) <b>67</b>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bldg. Trades</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Fairmont, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nathan Davidson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Knight</b>		14. NAME OF HUSBAND OR WIFE <b>Eula Davidson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>400-20-2242</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Eula Davidson, Pagedale, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Inferio-Septal Myocardial Infarction 4 hours</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Marked arteriosclerosis coronary vessels, several yrs.</b> DUE TO (c) <b>Diabetes Mellitus several yrs.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Pulmonary Edema 2 hours</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 4, 1954</b> to <b>Aug 23, 1957</b> , that I last saw the deceased alive on <b>8/23</b> , 1957, and that death occurred at <b>4:45 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>A. J. Hainer</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>3903 Olive St.</b>		23c. DATE SIGNED <b>8/24/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 26, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Fairmont, Indiana</b>	
DATE REC'D BY LOCAL REG. <b>AUG 26 57</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ree H. Hittman, Houston, Mo.</b>			

S.O. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Gene A. Whitehead* .....

Licensed Embalmer No. *4966* .....

P. O. Address *J. H. ...* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.